

POLICYHOLDER: TOWN OF LUNENBURG * BASIC

GROUP POLICY NO.: 0011904-00001

CERTIFICATE NO.: AS ON FILE WITH THE POLICYHOLDER

INSURED: CLASS 01 EMPLOYEES OF TOWN OF LUNENBURG * BASIC

EFFECTIVE DATE: AS ON FILE WITH THE POLICYHOLDER

YOUR INSURANCE AMOUNTS ARE LISTED ON THE NEXT PAGE

We have issued a Group Policy (Plan) to the Policyholder. We certify that you are insured: (a) subject to the terms of the Plan; (b) for the benefits described in this booklet. The terms may be changed without your consent or that of your beneficiary. This booklet is not a part of the Plan.

Your insurance will become effective on the date shown in the Box, as long as: (1) you are eligible under the Plan; and (2) you are actively at work on that date; or if not, then on the date you return to work.

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Group Insurance Certificate

Walter J. Gordon

Secretary

C0141-000980

Paul C. Petry

President

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POLICYHOLDER: TOWN OF LUNENBURG * BASIC

GROUP POLICY NO.: 0011904-00001

INSURED: CLASS 01 EMPLOYEES OF TOWN OF LUNENBURG * BASIC

LIFE AMOUNT:

\$ 5,000

AD&D AMOUNT:

\$ 5,000

REDUCTION:

UPON THE EMPLOYEE'S RETIREMENT IN ACCORDANCE WITH THE APPLICABLE
GENERAL OR SPECIAL LAWS, THE EMPLOYEE SHALL BE COVERED FOR \$5,000 LIFE
INSURANCE AND \$5,000 ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.

BENEFICIARY:

AS IN WRITING, ON FILE WITH THE POLICYHOLDER.

Definitions

Group Policy, Plan

This means the Group Policy we issued to the Policyholder.

Group Policyholder

This means the Policyholder named in the Box.

You

This means the person named in the Box, who is insured by the Plan.

Us, We, Our

Boston Mutual Life Insurance Company.

Beneficiary

This means the person you choose to receive benefits under the Plan if you die.

Disability, Disabled

This means that you are medically unable to do the main duties of any job.

Total Disability, Totally Disabled

This means that: (1) you have been disabled non-stop for at least six months; or earlier if (2) it can be presumed that you will be disabled non-stop for the rest of your life.

Life Insurance

If you die while insured, we will: (1) need to receive proof of your death; (2) pay the life amount shown in the Box. We will pay this amount to the beneficiary named by you.

Accidental Death and Dismemberment Insurance (AD&D)

If you have an accident: (1) while you are insured; (2) and suffer a loss shown below; we will pay:

- (1) the full AD&D amount shown in the Box for the loss of:
- life;
 - both hands or both feet;
 - sight of both eyes;
 - one hand and one foot;
 - one hand and sight of one eye;
 - one foot and sight of one eye; or

- (2) one-half the AD&D amount shown in the Box for the loss of:
- one hand or one foot; or
 - sight of one eye.

The loss of: (1) hands or feet must be by severance at or above the wrists or ankles; (2) sight must be total and not recoverable.

We will pay the AD&D amount: (1) to your beneficiary for the loss of life; (2) to you for any other loss. We will not pay more than the full AD&D amount shown in the Box for any one or more losses from the same accident.

We must receive proof that the loss occurred: (1) as a result of an accidental bodily injury and independently of

all other causes; and (2) within 90 days from the date of injury.

We will not pay any AD&D amount if the loss results from:

- (1) bodily injury which occurred before you were insured by the Plan;
- (2) intentionally self-inflicted injury, while sane;
- (3) committing or attempting to commit a felony;
- (4) travel in or descent from any moving aircraft aboard which: (a) you are giving or receiving training; (b) you have any duties; or (c) you are being flown for the purpose of your descent from such aircraft while it is in flight;
- (5) war or any act of war, whether declared or not;
- (6) disease or infirmity of the body or mind or from its medical or surgical treatment;
- (7) bacterial infection.

Waiver of Premium

If you become totally disabled: (1) while you are insured by the Plan; (2) prior to age 60; we will keep your life insurance in force subject to the terms of this clause.

We will need to receive proof of your disability. The proof must be received by us: (1) at our Home Office; (2) in writing; (3) while you are still disabled; (4) within one year from the start of your disability.

Once we approve a claim, your life insurance will be kept in force: (1) with no further premium cost to you or the Policyholder; (2) for the life amount in effect at that time; (3) for as long as you are disabled; (4) whether or not the Plan stays in force. However, if the Plan states that your life amount would: (1) stop; or (2) reduce at a certain age or time, then the same will be true under this disability clause.

We have the right to have proof that you are still disabled: (1) at any reasonable time during the first two years of the disability; and (2) once a year after that.

Your insurance will stop under this clause if: (1) you fail to give us the proof we ask for; (2) you cease to be disabled; or (3) you convert your group life insurance.

Change of Beneficiary

You may change the beneficiary. To make a change: (1) contact the Group Policyholder requesting the change; (2) fill out and sign the required form; and (3) send the form back to them. The change will: (1) take effect on the date you signed the form; (2) be subject to any payments we made or actions we may have taken before we had notice of your change.

Settlement of Death Benefits

We will pay all or part of the life and AD&D amounts, at your choice: (1) in one sum; or (2) in monthly payments in equal amounts over any number of years up to twenty. If when you die, you have not made a choice, your beneficiary may then choose a payment option.

If when you die there is no beneficiary who has survived you, or you did not name one, then we may pay benefits at your death to one or more of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother or father; (4) your brother or sister; or (5) your estate.

We shall be entitled to rely on the statements made by any one of the above. We shall be released from any liability under the Plan to the extent of any payment we make under this clause. To the extent allowed by law, the amount held and the payments made by us shall not be subject to the claims of your creditors or those of your beneficiaries.

When Your Insurance Stops

Your insurance stops on the first of the following dates: (1) when the Plan stops; (2) when you are no longer eligible for insurance under the Plan; (3) at the end of 31 days from when your last premium was due and not paid if the Policyholder requires you to pay part or all of the cost of your insurance; (4) when you leave your job. But if you leave your job due to disability, short term lay-off, or leave of absence, the Policyholder may keep your insurance in force until he chooses to stop it. If you are in active service in the armed forces of a country at war, declared or not, your insurance will stop.

Right to Convert

A. If the Plan is Still in Force - You have the right to convert your group life insurance: (1) if all or part of it stops for any reason; unless (2) it stops because you or the Policyholder did not pay any required premium. You will not have to give us proof of your health at that time.

To convert your group insurance you must apply to us: (1) in writing; (2) within 31 days from when it stops; (3) by paying the first premium for the new policy.

The new policy will be an individual: (1) whole life; or (2) endowment insurance plan. It will not have (1) disability; (2) AD&D; or (3) term insurance.

The new policy you choose will be issued: (1) as of the end of the 31 days after your insurance stops; (2) on a form we use as of its date of issue for (a) your class of risk; (b) your age at that time, nearest birthday; and (c) the amount you apply for.

The amount you apply for may not be more than: (1) the life amount then in force or (2) that part of the life amount which has stopped, whichever is less.

B. If the Plan Stops - You still may convert your insurance: (1) if you have been insured under it for at least 5 years; (2) for the lesser of: (a) \$10,000; or (b) the life amount then in force less any amount you may be

eligible for under any other group plan within the 31 days.

C. Death Benefit During Right to Convert Period - We will pay the life amount: (1) if you die within the 31 day right to convert period; (2) whether or not you have applied to us.

General Provisions

You must write to us about your claim: (1) within 30 days after the loss has occurred; or (2) as soon as you can after that.

We will send you claim forms within 15 days after you tell us about the claim. If we don't send the forms within 15 days, you can send us written proof of your loss. The proof must show: (1) the date the claim started; (2) it's cause; and (3) how serious it is. The proof must be: (1) sent to us not later than 90 days after your loss; or (2) sent to us as soon as you can after that.

You can't start any legal action: (1) until 60 days after you send us the proof; and (2) more than 3 years after the proof is sent.

We, at our own expense, have the right to examine your person: (1) as often as it is reasonably required; (2) while a claim is pending. We may require an autopsy unless it is not allowed by law.

State Changes

If the Plan is delivered to the Policyholder in a State shown below, the changes shown for the State where the Plan is delivered apply to your group insurance benefits.

Pennsylvania

If the Plan is delivered to the Policyholder in Pennsylvania the following changes apply to your group insurance benefits:

- (1) Accidental Death and Dismemberment Insurance will be paid; (a) while you are insured under this Plan; and (b) without regard to when the loss occurs.
- (2) Dismemberment benefits will also be paid as above even if the accident causing the loss occurred before this Plan was in force.
- (3) Disability means that you are medically unable to do the main duties of any job. During the first two years "job" means your regular occupation. After that it is any job that you are or become able to do by virtue of your education, training, or experience.

Tennessee

Notice of Cancellation - Transfer of Coverage

The Policyholder will deliver or mail to you a notice of

cancellation. This notice will:

- (1) be received by you at least 15 days prior to the cancellation;
- (2) state the effective date of cancellation;
- (3) be given to you if the Policyholder is transferring coverage to another insurance carrier;
- (4) be given to you if any or all benefits under this Plan are cancelling.

If the Policyholder fails to give you a notice of cancellation, and you are eligible to convert all or part of your group life insurance, you will have an additional period to convert your group life insurance. This additional period shall expire (15) days after you are given such notice but in no event shall the additional period extend beyond 60 days after the expiration of the period provided by the Plan.

Waiver of Premium - Definition of Disability

Disability means that you are medically unable to do the main duties of any job. During the first two years "job" means your regular occupation. After that it is any job that you are or become able to do by virtue of your education, training, or experience.

Connecticut

Notice of Cancellation - Transfer of Coverage

The Policyholder will deliver or mail to you a notice of cancellation. This notice will:

- (1) be received by you at least 15 days prior to the cancellation;
- (2) state the effective date of cancellation;
- (3) be given to you if the Policyholder is transferring coverage to another insurance carrier;
- (4) be given to you if any or all benefits under this Plan are cancelling.



120 Royall Street, Canton, Massachusetts 02021

*This is the last page of your
Group Insurance Certificate*

*Any additional pages pertain to important
information regarding your Insurance Certificate*